



Ref. No: Serie 6389

Declaration and Power of Attorney For Patent Application

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original, first and sole/joint inventor of the subject matter, which is claimed and for which a patent is sought on the invention entitled, **DRY CABINETS FOR USE IN MOISTURE SENSITIVE DEVICE MANAGEMNET IN ELECTRONIC MANUFACTURING**, the specification of which

☐ is attached hereto
or

☒ was filed on December 31, 2003 as

Application Number 10/750,418

and was amended on _____
(if applicable)

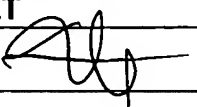
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

			<u>Priority Claimed</u>	
			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Full name of sole or first joint inventor, Martin THERIAULT	
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Inventor's signature	Date:
Residence	Citizenship:
Post Office Address	
Full name of third joint inventor, if any	
Inventor's signature	Date:
Residence	Citizenship:
Post Office Address	
Full name of fourth joint inventor, if any	
Inventor's signature	Date:
Residence	Citizenship:
Post Office Address	